

PLAN YEAR 2025 RATES MEDICARE-ENROLLED RETIREES AND SURVIVING DEPENDENTS

HealthSelectSM Medicare Advantage Plan, a preferred provider organization (MA PPO)

Rates effective Jan. 1 – Dec. 31, 2025

See rates for HealthSelectSM Secondary (non-Medicare Advantage plan) on the next page.

HealthSelect MA PPO participants must be enrolled in Medicare Parts A and B and pay federal Part B premiums.

The "State Pays" and "You Pay" rates apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, see **ers.texas.gov** \rightarrow **Retirees** \rightarrow **Rates and Forms** \rightarrow **View rate sheets**.

Retirees from full-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,101.54	982.82	118.72
You + Children	983.24	864.52	118.72
You + Family	1,459.96	1,222.52	237.44

*Includes applicable premium for Basic Term Life Insurance.

Retirees from part-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 432.24	\$ 312.41	\$ 5 119.83
You + Spouse	789.32	491.41	297.91
You + Children	730.17	432.26	297.91
You + Family	1,087.25	611.26	475.99

*Includes applicable premium for Basic Term Life Insurance.

Dependents not eligible for Medicare (split households)

HealthSelect of Texas®*					
	Retirees from full-time employment		Retirees from part-time employment		
Spouse Only	\$ 358.00	\$	537.00		
Children Only	239.70		359.55		
Spouse + Children	597.70		896.55		

Surviving dependents

	Monthly premium
Spouse Only	\$ 237.44
Children Only	237.44
Spouse + Children	474.88

HealthSelectsM Secondary (Non-Medicare Advantage plan)

Rates effective Sept. 1, 2024 - Aug. 31, 2025

HealthSelect Secondary is available to Medicare-eligible retirees who opt out of HealthSelect MA PPO.

The "State Pays" and "You Pay" rates apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, visit **ers.texas.gov** \rightarrow **Retirees** \rightarrow **Rates and Forms** \rightarrow **View rate sheets**.

Retirees from full-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.82	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70

*Includes applicable premium for Basic Term Life Insurance.

Retirees from part-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,340.82	491.41	849.41
You + Children	1,104.22	432.26	671.96
You + Family	1,820.22	611.26	1,208.96

*Includes applicable premium for Basic Term Life Insurance.

Surviving dependents

HealthSelect of Texas [®]	Monthly Premium
Spouse Only	\$ 716.00
Children Only	479.40
Spouse + Children	1,195.40

Dental insurance

	DeltaCare [®] USA DHMO	State of Texas Dental Choice Plan ^s
All Retirees	Rate	per month
You Only	\$ 9.59	\$ 28.73
You + Spouse	19.18	57.46
You + Children	23.02	68.95
You + Family	32.59	97.68
Surviving Dependents		
Spouse Only	\$ 9.59	\$ 28.73
Children Only	13.43	40.22
Spouse + Children	23.02	68.95

Vision insurance

State of Texas Vision ^s	
All Retirees	Rate Per Month
You Only	\$ 4.61
You + Spouse	9.22
You + Children	9.91
You + Family	14.52
Surviving Dependents	
Spouse Only	\$ 4.61
Children Only	5.30
Spouse + Children	9.91

Tobacco-user premium (all participants)

If you and/or a family member enrolled in medical insurance is certified as a tobacco user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco users or uncertified family members you cover.

Tobacco User(s) of Any Age and Adult(s) Who Fail to Certify	You Pay Per Month
Member or Spouse or Children* Only	\$30
Member + Spouse or Member + Children* or Spouse + Children*	\$60
Family (Member + Spouse + Children*)	\$90

*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children age 18 or over are not certified.

If you are a tobacco user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. Please visit https://www.ers.texas.gov/ About-ERS/Policies/Tobacco-Policy-and-Certification for more information.

Optional Term Life Insurance

Age Under 25 25 - 29	Monthly Rate per \$1,000 cElection 1: Annual Salary x 1\$0.05	Election 2: Annual Salary x 2
Under 25		-
	\$ 0.05	¢ 0.10
25 - 29		\$ 0.10
	0.05	0.10
30 - 34	0.06	0.12
35 - 39	0.06	0.12
40 - 44	0.08	0.16
45 - 49	0.13	0.26
50 - 54	0.20	0.40
55 - 59	0.35	0.70
60 - 64	0.60	1.20
65 - 69	0.98	1.96
70 - 74	1.56	3.12
75 - 79	2.55	5.10
80 - 84	4.15	8.30
85 - 89	7.18	14.36
90+	11.18	22.36
се	Dependent Ter	m Life Insurance
	Retiree: \$3.23 pe	er month for \$2,500
	30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80 - 84 85 - 89 90+ ce	30 - 34 0.06 35 - 39 0.06 40 - 44 0.08 45 - 49 0.13 50 - 54 0.20 55 - 59 0.35 60 - 64 0.60 65 - 69 0.98 70 - 74 1.56 75 - 79 2.55 80 - 84 4.15 90+ 11.18 Dependent Ter

*Optional Term Life Insurance is limited to a maximum of \$400,000 or two times your annual salary, whichever is less.